

STEEN1.001APC

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Lubbert, Hermann
Appl. No. : 09/830,703
Filed : April 26, 2001
For : TRANSGENIC ANIMAL MODEL
FOR NEURODEGENERATIVE
DISEASES
Examiner : Qian, Celine X.
Group Art Unit : 1636

AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

Mail Stop AF

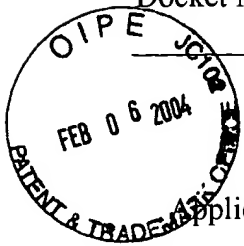
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action mailed November 20, 2003, please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.



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AH1600

AMENDMENT / RESPONSE TRANSMITTAL

Applicant : Lubbert, Hermann
App. No. : 09/830,703
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For : TRANSGENIC ANIMAL
MODEL FOR
NEURODEGENERATIVE
DISEASES
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CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

February 4, 2004

(Date)

Mark R. Benedict
Mark R. Benedict, Reg. No. 44,531

MAIL STOP AF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

(X) Amendment and Response to Final Office Action in 8 pages.

(X) 14 Appendices:

- Appendix 1 in 5 pages;
- Appendix 2 in 6 pages;
- Appendix 3 in 1 page;
- Appendix 4 in 1 page;
- Appendix 5 in 1 page;
- Appendix 6 in 2 pages;
- Appendix 7 in 2 pages;
- Appendix 8 in 17 pages;
- Appendix 9 in 20 pages;
- Appendix 10 in 4 pages;
- Appendix 11 in 3 pages;
- Appendix 12 in 6 pages;
- Appendix 13 in 19 pages;
- Appendix 14 in 20 pages.

(X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

| FEE CALCULATION | | | | |
|--------------------|-------------|--------------|----------------------|------------|
| FEE TYPE | | FEE CODE | CALCULATION | TOTAL |
| Total Claims | 28 - 28 = 0 | 2202 (\$9) | 0 x 9 = | \$0 |
| Independent Claims | 5 - 5 = 0 | 2201 (\$43) | 0 x 43 = | \$0 |
| Multiple Claim | | 2203 (\$145) | | \$0 |
| | | | TOTAL FEE DUE | \$0 |

(X) Return prepaid postcard.

(X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



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